

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">10726130</div>	Filing Date	
				Applicant(s)		
* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	17					
Total Claims	20					